

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER **62-046144**

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **53** Primary Registration District No. **3010** Registrar's No. **548**

FILED DEC 18 1962

1. PLACE OF DEATH

a. COUNTY

CAPE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Capo Girardeau**

Length of stay in lb

1 MO

c. FULL NAME OF HOSPITAL OR INSTITUTION
SEMO

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **ILLINOIS**

b. COUNTY **Alexander**

c. CITY OR TOWN

TAMMS

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First **Joseph** Middle **Alvey** Last **Alvey**

4. DATE OF DEATH

Month **Dec.** Day **11** Year **1962**

5. SEX

MALE

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH

March 7, 1906

9. AGE (last birthday)

86

IF UNDER 1 YEAR

Months **0** Days **0** Hours **0** Min. **0**

IF UNDER 24 HR

Months **0** Days **0** Hours **0** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

GRAIN

11. BIRTHPLACE (City and state or country)

KY

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

TONEY Alvey

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

Thelma DeJarnett, TAMMS, ILL.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac Failure

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary Artery Heart Disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Chronic Interstitial Nephritis with Uraemia

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **Nov. 12, 1962** to **Dec. 11, 1962** and last saw him alive on **Dec. 11, 1962**
Death occurred at **11:15** **A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Paul B. Hunsbarger M.D.

22b. ADDRESS

1558 Broadway, Cape Girardeau, MO

22c. DATE SIGNED

12/11/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

12/13/62

23c. NAME OF CEMETERY OR CREMATORY

ROSE HILL

23d. LOCATION (City, town, or county)

Thebes, ILLINOIS

24. FUNERAL DIRECTOR

ADDRESS

TAMMS

25. DATE RECD. BY LOCAL REG.

12-14-1962

26. REGISTRAR'S SIGNATURE

James Kasten

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

6168

28130

3

4 0

5 3

6

7 1

8 2

94200

10

11

123-0

131-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

J. Ainsworth

ILL Licensed Embalmer No. 29-8341

P. O. Address Jamms Del

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.